

# Training Opportunities Program

## Section 30 Application

**The information requested on this form will be used to evaluate your application for the Training Opportunities Program/Section 30 benefits.**

### Steps for completing the application:

1. Read the Training Opportunities Program (Section 30) brochure carefully before completing the application. You can get a copy of this brochure at any One-Stop Career Center or download it from our website, **[www.mass.gov/dua/training](http://www.mass.gov/dua/training)**.
2. Find approved training that will prepare you for the job market. You can receive assistance from any One-Stop Career Center, or search for approved training on JobQuest at **[www.mass.gov/jobquest](http://www.mass.gov/jobquest)**.
3. **DUA does not fund training costs.** If you need financial assistance to pay for your training program, check with your One-Stop Career Center. If you are seeking funding through the One-Stop Career Center, it may take three weeks or longer for approval.
4. Once you have chosen your program and the school, you must complete the relevant sections in the attached form if you wish to apply for Section 30 benefits.
  - i. **All applicants must complete Part A of the form.**
  - ii. For vocational/technical or ESL, ABE or GED training: Part B information and agreement must be completed by an official at the Training Facility where you plan to attend.
  - iii. For college programs: Part C must be completed by the Registrar's Office at the college you plan to attend. A school seal or stamp is also required.
  - iv. For Distance Learning or Online programs: Either part B or C must be completed, or the equivalent information provided.
5. If you have any question about completing this form, or if you need interpreter's assistance, please call us at 617-626-5375 or TDD/TTY 1-800-439-2370 Monday through Friday from 8:30 a.m. to 4:30 p.m.
6. Make sure all the information on the application is correct. Missing, incomplete and/or inaccurate information will delay the processing of your application and the date your coverage begins.
7. Submit your application as soon as it is completed by your school or at least three weeks prior to the start of training. Return your completed application

by mail or fax to:

Department of Unemployment Assistance  
Section 30 Unit  
19 Staniford St., Boston, MA 02114  
Fax: 617-727-1797



This form is used to apply for approved training while you are collecting unemployment insurance benefits. It is important to have it translated.

Настоящая форма предназначена для подачи заявления с просьбой разрешить прохождение профессионального обучения в период получения пособия по безработице. Необходимо иметь перевод этой формы.

Este formulario se usa para solicitar entrenamiento aprobado mientras recibe los beneficios del seguro de desempleo. Es importante que se traduzca.

Questo modulo viene usato per richiedere l'accesso a un corso approvato di formazione professionale mentre si sta riscuotendo il sussidio di disoccupazione. È importante tradurlo.

Este formulário é usado para a solicitação de válida instrução durante o período em que está recebendo benefícios de seguro de desemprego. É importante ter este formulário traduzido.

ក្រដាសនេះ ធ្វើសម្រាប់សុំឱ្យបានប្រើប្រាស់ប្រព័ន្ធបណ្តុះបណ្តាល រៀននៅពេលដែលអ្នកកំពុងទទួលបានប្រាក់ធានារ៉ាប់រងនៅពេលគ្មានការងារធ្វើ។ វាជាការសំខាន់ដើម្បី ឱ្យគេបកប្រែជូនក្រដាសនេះ។

ប្រសិនបើ អ្នកចង់ស្នើសុំឱ្យបានប្រើប្រាស់ប្រព័ន្ធបណ្តុះបណ្តាល អ្នកត្រូវបំពេញក្រដាសនេះ ជាមួយនឹងការបកប្រែ។ វាជាការសំខាន់ ដើម្បីឱ្យគេបកប្រែជូនអ្នក។

Yo utilize fòm sa a pou yo fè aplikasyon pou trening ki aprouve pandan ke ou ap resevwa asirans chomaj la. Li trè zenpòtan pou ou fè yo tradwi l pou ou.

Mẫu đơn này dùng để xin học huấn nghệ có sự chấp thuận trong lúc đang hưởng các quyền lợi bảo hiểm thất nghiệp. Nó cần phải được phiên dịch.

此表用於在領取失業保險金時申請經批准的培訓。很重要，請翻譯。



Commonwealth of Massachusetts  
Deval L. Patrick, Governor  
Timothy P. Murray, Lt. Governor

Joanne F. Goldstein, Secretary  
Executive Office of Labor and Workforce Development  
Judith L. Cicatiello, Director  
Department of Unemployment Assistance

## STUDENT INFORMATION (To Be Completed By Student)

☐ Yes ☐ No If "yes", enter recall date: \_\_\_\_/\_\_\_\_/\_\_\_\_

[illegible][illegible]

7

[illegible][illegible]

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[illegible][illegible]

(Date)



## COLLEGE PROGRAM INFORMATION

**For Credit Courses or Certificate Programs (To Be Completed by the College)**

**Section 30 eligible courses or certificate programs must be completed within 2 years.**

**STUDENT** - Last Name

[illegible]

First Name

[illegible]

M.I.

5

Social Security Number:

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Name of Certificate or Degree Program (If degree, specify type - i.e., Associate's, Bachelor's, Master's etc.)

[illegible]

Is Student ☐ **FULL-TIME** OR ☐ **PART-TIME?** ☐ **DAY** ☐ **EVENING** ☐ **ONLINE**

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Degree/Certificate Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Number of Credits Required For This Certificate/Degree: \_\_\_\_\_

Number of Credits Student Has Already Completed Towards Certificate/Degree: \_\_\_\_\_

Number of Credits Remaining to Complete Certificate/Degree: \_\_\_\_\_

Annual Placement Rate into Training-Related Jobs: \_\_\_\_\_ %

**IN THE SPACES BELOW, RECORD THE NUMBER OF CREDITS THAT STUDENT PLANS TO TAKE EACH SEMESTER.**

To be considered full-time student must take at least 12 credit hours per semester.

SEMESTER	START & END DATES (Month/Day/Year)	CREDITS
FALL		
SPRING		
SUMMER 1		
SUMMER 2		
FALL		
SPRING		
OTHER:		

SEMESTER	START & END DATES (Month/Day/Year)	CREDITS
FALL		
SPRING		
SUMMER 1		
SUMMER 2		
FALL		
SPRING		
OTHER:		

Name of School: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title of Signer: \_\_\_\_\_

**APPLY SCHOOL SEAL OR STAMP HERE.**

FOR CAREER CENTER USE ONLY		
Claimant received assistance at: _____ (Name of Career Center)		From: _____ (Name of Job Specialist)
Claimant applied for training funding assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
FOR DUA USE ONLY		
Course Appears on DUA's Section 30 Approved List: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Check Boxes That Apply</b> R.E.D. Application: <input type="checkbox"/> Worksearch Waiver: <input type="checkbox"/>
Meets 52 Wk. Filing Requirement for R.E.D. Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		